

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Crossroads		FEC IDENTIFICATION NUMBER ▼ C C00487363	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee MENTZER MEDIA SERVICES INC		Date M M M / D D D / Y Y Y Y Y Y 06 / 25 / 2012	
Mailing Address 600 FAIRMOUNT AVENUE, STE 306		Amount 170098.80	
City TOWSON	State MD	Zip Code 21286	Transaction ID : E.001
Purpose of Expenditure TV / MEDIA PLACEMENT		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: HEATHER WILSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 427940.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee WILSON GRAND COMMUNICATIONS		Date M M M / D D D / Y Y Y Y Y Y 06 / 27 / 2012	
Mailing Address 429 N ST. ASAPH STREET		Amount 10097.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : E.002
Purpose of Expenditure TV / MEDIA PRODUCTION		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: HEATHER WILSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 427940.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	180195.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	180195.80

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2012